



## Missouri Pharmacy Program – Preferred Drug List



### ***Calcium Channel Blockers (Non - DHP)***

***Effective 09/01/2004***

***Revised 07/05/2005***

#### **Preferred Agents**

- Diltiazem HCl
- Diltiazem SA
- Verapamil HCl
- Verapamil SR
- Diltia XT®
- Diltiazem XR
- Diltiazem ER

#### **Non-Preferred Agents**

- Tiazac®
- Covera HS®
- Cardizem CD®
- Verelan®
- Cardizem/Cardizem SR®
- Calan/Calan SR®
- Dilacor XR®
- Isoptin/Isoptin SR®
- Cardizem LA®
- Verelan PM®
- Dilt-CD®
- Cartia XT
- Taztia XT®

#### **Approval Criteria**

- Failure to achieve desired therapeutic outcomes with documented trial period for 3 or more preferred agents.
- Documented ADE/ADR to preferred agents.
- Documented compliance on current therapy regimen.

#### **Denial Criteria**

- Lack of adequate trial on required preferred agents.
- Therapy will be denied if no approval criteria are met.
- Drug Prior Authorization Hotline: (800) 392-8030.